

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
SHORT TITLE:		
<div style="text-align: center;">REQUEST FOR ADMISSIONS</div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents </div> Requesting Party: Responding Party: Set No.:		
		CASE NUMBER:

You are requested to admit within thirty days after service of this Request for Admissions that

A. ☐ each of the following facts is true (*number each fact consecutively*):

☐ continued on Attachment A.

B. ☐ the original of each of the following documents, copies of which are attached, is genuine (*number each document consecutively*):

☐ continued on Attachment B.

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)